## PART B - FEE(S) TRANSMITTAL

and mosform, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

12	10/						
NSTRUCT S: This appropriate. A: LITAN ndicated unless correct maintenance fee notifica	for should be used including the spondence including the below or directed other than the spondence including the spondence in	for transmitting the ISSU ng the Patent, advance of herwise in Block 1, by (a	JE FEE and PUBLICAT rders and notification of rand) specifying a new corresponding to the specifical properties of the specifical pr	ION FEE (if requirements for the contract of t	ired). Blo vill be m ; and/or (	ocks I through 5 sho tailed to the current of (b) indicating a separ-	ould be completed where correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
23639	7590 01/26	5/2007					
BINGHAM, M THREE EMBA 18 FLOOR	I he Stat add	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2885, on the date indicated below.					
SAN FRANCISCO, CA 94111-4067 5/01/2007 WABDELR3 00000051 504047 10620284				Linda Maj	-4-	1 11	(Depositor's name)
	0.00 DA	<u></u>		Well	10/00	(Signature)	
FC:1504 30	0.00 DA 2.00 DA			April 26,	2007		(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/620,284	07/14/2003	Robert C. Pack		CA	A7010502001	7731	
			PECIFIC MASK INSPECT				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	04/26/2007
EXAMINER ART U		ART UNIT	CLASS-SUBCLASS	]			
TAT, BINH C		2825	716-019000	-			
. Change of correspond	ence address or indicatio	2. For printing on the patent front page, list					
<ul> <li>CFR 1.363).</li> <li>☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> </ul>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Cadence Design Systems, Inc. San Jose, California							
lease check the appropr	riate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🗷 Co	orporation	n or other private grou	up entity Government
a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea	se first reapply a	ny previo	ously paid issue fee sl	hown above)
Issue Fee							
Publication Fcc (	Payment by credit can The Director is hereby				iciency or credit any		
Advance Order -	# of Copies		overpayment, to Depo	sit Account Number	er <u>50-</u> 4	4047 (enclose an	extra copy of this form).
	itus (from status indicate						
• •	ns SMALL ENTITY state		b. Applicant is no lon	<u> </u>			
NOTE: The Issue Fee an nterest as shown by the	nd Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than to Office.	he applicant; a regi	stered att	torney or agent; or the	e assignce or other party in
Authorized Signature	Ty	le_	<u>-</u>	Date	April	26, 2007	
Typed or printed name			Registration No. 54;921				
This collection of inform application. Confident submitting the complete	nation is required by 37 (	CFR 1 311 The information	on is required to obtain or 1.14. This collection is es	retain a benefit by t timated to take 12 vidual case. Any co	he public minutes to mments	which is to file (and o complete, including on the amount of tim	by the USPTO to process), gathering, preparing, and e you require to complete

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DTOI OF /D ... 07/0/) 4 ...... 4 ..... 4..... 04/20/2007